

# PHCC Association of San Diego

## 2020 Affiliate Member Application



COMPANY INFORMATION	
<input type="checkbox"/> <b>Industry Affiliate Membership*</b> <b>Check One:</b> <input type="checkbox"/> \$1,000.00 Per Year   <input type="checkbox"/> \$99.00 Per Month	<input type="checkbox"/> <b>Business Affiliate Membership*</b> <b>Check One:</b> <input type="checkbox"/> \$500.00 Per Year   <input type="checkbox"/> \$50.00 Per Month
Company offers products or services <u>exclusively in construction or plumbing/hvac industry</u> , such as: wholesaler/supplier, dispatch/technology, manufacturer reps, restoration & testing, equipment rentals, water filtration, or other construction-based services.	Company offers products or services in <u>multiple industries or to varying client types</u> , such as: financial/insurance services, print shops, merchandise, uniform services, general marketing services, commercial truck sales or fleet services.
<b>Company Name:</b>	
<b>Local Contact Name:</b>	<b>Title:</b>
<b>Mobile Phone:</b>	<b>Office Phone:</b>
<b>Email Address:</b>	<b>Website:</b>
<b>Local Rep Address:</b>	<b>Billing Contact:</b> (contact name, email & mailing address)
<b>Business Type (select all that apply)</b>	
<b>Industry Affiliate:</b> <input type="checkbox"/> Plumbing/HVAC <input type="checkbox"/> Wholesaler <input type="checkbox"/> Manufacturer or Rep <input type="checkbox"/> Restoration <input type="checkbox"/> Software <input type="checkbox"/> Other _____	
<b>Business Affiliate:</b> <input type="checkbox"/> Financial Services <input type="checkbox"/> Marketing <input type="checkbox"/> Truck or Fleet Services <input type="checkbox"/> Printer <input type="checkbox"/> Insurance <input type="checkbox"/> Other _____	

PHCC Association of San Diego Board of Directors reviews membership applications. In advance of this action, I affirm:

1. I accept and will comply strictly with the laws and regulations stated in the By-Laws of the Association;
2. I have read and agree to uphold the PHCC Code of Ethics and will do what I can to fulfill the mission statement;
3. I agree to attend Association meetings regularly.
4. Should this membership be terminated at any time, I will cease any use of PHCC decals or seals, and marketing of membership.

In good faith on this date \_\_\_\_\_, I hereby agree to the above and affix my signature:

Signature of Applicant\*: \_\_\_\_\_ Printed Name: \_\_\_\_\_

First payment will be charged to a credit card with submittal of application.

Check one:  Visa  MasterCard  AmEX  Discover  ACH Transfer (see attached form)

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CSV: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_

Billing Address for Card: \_\_\_\_\_

I give permission to the PHCC Association of San Diego to charge my credit card for recurring dues as checked above and have completed the QuickBooks Credit Card Authorization Form (attached), which is required to pay dues using a credit card.

*\* I affirm my company is applying for membership to the PHCC Association of San Diego Chapter for one year, paid in full at time of acceptance, or in 12 monthly installments on the credit card listed on the attached credit card authorization form. I understand membership continues thereafter until the PHCC San Diego office receives a written cancellation notice from me or a representative from my company. I will receive regular communication from the PHCC, and by participating at events, my likeness may be shared in print or online promotional material. PHCC dues are not reimbursable or considered a charitable contribution for tax purposes, but can be deducted as a business expense.*

Rev Dec 2019